**Case Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **FCAC Open Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attorney/Representation\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SS Open Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for FCAC Intervention:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Scope and Circumstances Surrounding the Maltreatment**
2. **Household Members:** (List household members or out of home parent/caregiver.)

1. **Safety Threats (Present /Impending):**
2. **Family Explanation of CPS Involvement** (Allow family to tell their story.)
3. **CPS History/Preventive services**
4. **Stage of Case/Dismissal Date**
5. **Case Plan Goal(s)**
6. **Court Orders**
7. **Parenting & Disciplinary Practices**
8. **Family Network & Supports**
9. **Visitation**
10. **Adult Functioning/Caregiver Protective Capacities:** (Describe each parent/caregiver in the household functioning and any concerns regarding their ability to keep a child safe.)

|  |
| --- |
| **Parental/Caregiver Protective Capacities:** Strengths/Needs in the way a parent/caregiver thinks, feels, and/or acts that prevents or controls threats of danger. |
| History of protecting from harm and unsafe conditions. |  |
| Recognizes threats and has ability to implement plan to protect child(ren). |  |
| Demonstrates impulse control in order to protect and provide for child’s overall care. |  |
| Understands, has the skills needed, and takes action to meet parenting responsibilities. |  |
| Sets aside own needs/desires where the safety and well-being of child(ren) is priority. |  |
| Demonstrates love, empathy, and tolerance of child(ren), and is positively attached. |   |
| Understands child development and has realistic expectations of child’s capabilities, needs, and limitations. |  |
| Is able to meet their own needs, including basic daily and emotional needs. |  |
| Has the ability to handle every day, unexpected stressors/crises and has an accurate perception of reality. |  |
| Demonstrates ability to obtain concrete supports needed such as food, clothing, housing, social services, transportation. |  |
| Caretaker can and will access family and/or friends who are ready, willing and able to help the family.  |  |

1. **Vulnerability & Functioning of Child(ren)** (Provide description of each child.)
2. **Emotional/Physical, Mental/Medical/Educational**

**Diagnosis:**

 **Medications:**

 **Educational:**

 **Behaviors:**

 **Hospitalizations:**

1. **Placement History** (Provide for each of child)
2. **Safety Planning**
3. **What are the safety threats that must be addressed?** (List each concern identified.)
4. **Safety Plan Assessment** (If the answer to each question listed below is yes, assist with developing a safety plan).
5. **Are there interventions/services that can specifically target the safety threats and keep the child in the home?**
6. **What resources does the family and community have available that are suitable and committed to assure the child(ren)’s safety?**
7. **Will the family accept and participate in needed services/interventions?**
8. **Is the home setting calm and consistent to accommodate services/interventions?**
9. **Safety Plan (**Describe the details of the safety plan stating who,what when, where, and how this plan will be implemented and who will oversee it.)
10. **Social Services Goals for Parents**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Services Goals** | **Intervention Needed****Yes/No** | **Barrier(s)** | **Progress** | **Completion****Date** |
| **Safe/Stable Housing** |  |  |  |  |
| **Basic Needs** |  |  |  |  |
| **Support System** |  |  |  |  |
| **Education** |  |  |  |  |
| **Substance Use** |  |  |  |  |
| **Domestic Violence** |  |  |  |  |
| **Mental Health** |  |  |  |  |
| **Sex Trafficking** |  |  |  |  |
| **Parenting** |  |  |  |  |
| **Unsupervised Visits** |  |  |  |  |
| **Increased Visits** |  |  |  |  |
| **Engaged in Services** |  |  |  |  |

**Social Services Intervention Plan: (Identity what actions SS will do to assist in goal achievement):**

1. **Social Services Goals for Child(ren):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Services Goals** | **Action Steps** | **Barrier(s)** | **Progress** | **Completion****Date** |
| **Transition plan** |  |  |  |  |
| **Reduced # of hospitalizations** |  |  |  |  |
| **Placement with relatives** |  |  |  |  |
| **Less restrictive home setting** |  |  |  |  |
| **IEP/SPED** |  |  |  |  |
| **Less restrictive school setting** |  |  |  |  |
| **Visitation with relatives** |  |  |  |  |
| **Attending social events**  |  |  |  |  |
| **Reduced level of care** |  |  |  |  |
| **Reduced number of hospitalizations** |  |  |  |  |
| **Placement with relatives** |  |  |  |  |
| **Medical Needs** |  |  |  |  |
| **Mental Health Needs** |  |  |  |  |
| **Family Connection** |  |  |  |  |
| **Case Participation** |  |  |  |  |
| **No Juvenile Justice**  |  |  |  |  |
| **No Hospitalizations** |  |  |  |  |
| **No Self-Injurious Behaviors** |  |  |  |  |
| **No Runaways** |  |  |  |  |
| **No Fights** |  |  |  |  |
| **Normalcy** |  |  |  |  |
| **Job/Vocation** |  |  |  |  |

**Social Services Intervention Plan: (Identity what actions SS will do to assist in goal achievement):**

**Level of Intervention** (Select level of intervention based on need, case goals and barriers.)

|  |  |
| --- | --- |
| **Level 4** | Requires weekly face to face contact in the home. Participation and attendance to court hearings, DFPS meetings, and other case related services are required. Observation of at least one family visits per month is required. |
| **Level 3** | Requires biweekly face to face contact in the home. Participation and attendance to court hearings, DFPS meetings, and other case related services are required. Observation of at least one family visits per month is required. |
| **Level 2** | Requires monthly face to face contacts in the home. Participation and attendance to court hearings, DFPS meetings, and other case related services are recommended as needed. Observation of at least one family visits is required. |
| **Level 1** | Requires at least one home visit. Participation and attendance to court hearings, DFPS meetings, and other case related services are recommended as needed. Observation of at least one family visits is required. |

**Level of Intervention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6 Month Review**

**Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommendations:**